

DD Form 2808, Report of Medical Examination (Reference Army Reg. 40-501)

Item Number	Notes	Responsibility
Items 1-16		Service member
Items 17 – 40	Check "Normal" or "Abnormal."	Examining Physician
Item 42	Must describe every abnormality in detail; enter pertinent item number before each comment and continue in Item #73 as required	Examining Physician
Item 43, Dental Defects and Disease	Must indicate "Acceptable" or "Not Acceptable". Based on a quick visual check of the mouth, acceptable indicates that no emergency dental care should be needed in the next 12 months	Examining Physician
Item 44, Feet	Indicate category of arch. Indicate if symptomatic	Examining Physician
Item 45, Urinalysis	Leave blank	FHPO
Item 49, HIV	Leave blank	FHPO
Items 53 - 57, Measurements and other findings	Record all findings	Examining Physician
Item 58, Blood Pressure	Only "Box A" required. May do serial BP's if elevated.	Examining Physician
Items 61 - 63, Distant/Near Vision	If client wears glasses or contact lenses, or had surgery to correct vision (as referenced in DD Form 2807-1, Report of Medical History, Items #11 (f) and #11 (h)), then corrected vision and uncorrected vision must be annotated	Examining Physician
Items 66, Color Vision.	Required for airborne exams. This will be noted on the individual exam checklist.	Examining Physician
Items 71, Hearing/Audiometer/Unit Serial Number	All information required. Ensure that decibels heard are recorded at each frequency level	Examining Physician
Item 72 (b), Valsalva	Check satisfactory if tympanic membranes move with valsalva. This test is used only on airborne exams and will be noted on the individual exam checklist.	Examining Physician
Item 73, Notes	(Continued from Item 42) and Significant or Interval History. Include a "Tobacco use statement"" e.g., "smoker" or "nonsmoker"	Examining Physician
Item 74(a), Examinee/Applicant.	Leave blank	FHPO
Item 74 (b), Physical Profile.	Leave blank	FHPO
Item 77, Summary of Defects and Diagnosis	List defects and diagnosis with item numbers (use additional sheets if necessary)	Examining Physician
Item 78, Recommendations	Indicate specific follow up	Examining Physician
Item 81(a) & Item 81(b), Typed/Printed Name and Signature of Physician	Printed/typed name and signature of examining M.D. or D.O. If exam performed by a Physician Assistant or Nurse Practitioner, MD or DO must also sign in box 81 or 82	Examining Physician
Items 84(a) and 85, signatures.	Leave blank	FHPO